

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040722

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 37

FILED NOV 12 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 0722						
2 0722						
3						
4 3						
5 2						
6						
7 9						
8 0						
9 416 X						
10						
11						
12 70-0						
13 50						
USE BLACK INK OR TYPEWRITER RIBBON	ITEM NO.	SHOULD READ				

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Portageville</u>		c. CITY OR TOWN <u>Portageville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS <u>Gen Del.</u>	
3. NAME OF DECEASED (Type or print) First <u>Lillie</u> Middle <u>Mae</u> Last <u>Mathenia</u>		4. DATE OF DEATH Month <u>October</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Unknown</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Unknown</u>		17. INFORMANT Address <u>Unknown</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u>		<u>16 months</u>	
DUE TO (c) <u>Rheumatic Heart Disease</u>		<u>unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cirrhosis Liver</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>          </u> a.m. <u>          </u> p.m. Month, Day, Year <u>          </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Portageville</u>	
20g. LOCATION (City, town, or county) (State) <u>Portageville Missouri</u>		20h. LOCATION (City, town, or county) (State) <u>Portageville Missouri</u>	
21. I attended the deceased from <u>June 1963</u> to <u>October 1963</u> and last saw her alive on <u>25 Oct 63</u>		21. I attended the deceased from <u>June 1963</u> to <u>October 1963</u> and last saw her alive on <u>25 Oct 63</u>	
22a. SIGNATURE (Degree or title) <u>Andrew E. Painter M.D.</u>		22b. ADDRESS <u>Portageville Mo.</u>	
22c. DATE SIGNED <u>30 Oct 63</u>		22d. DATE SIGNED <u>30 Oct 63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/31/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>	
24. FUNERAL DIRECTOR <u>Delisle Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 3, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Ellen D. Melton</u>		26. REGISTRAR'S SIGNATURE <u>Ellen D. Melton</u>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph A. English  
Licensed Embalmer No. 4481

P. O. Address Portsmouth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.